

APPLICATION DATA SHEET**Application Information**

Application number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form (CRF)?:: No
Number of copies of CRF::
Title :: SPINAL NEEDLE SYSTEM
Attorney Docket Number:: 170134.401C1
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 13
Small Entity?:: Yes
Petition included?:: No
Petition Type::
Licensed U.S. Gov't Agency::
Contract or Grant No::
Secrecy Order in Parent Appl.?:: No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Vincent
Middle Name:: E.
Family Name:: Bryan
Name Suffix::
City of Residence:: Mercer Island
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 4624 E. Marginal Way
City of mailing address:: Mercer Island
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98040

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Alex
Middle Name::
Family Name:: Kunzler
Name Suffix::
City of Residence:: Issaquah
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 22748 S.E. 43rd Court

City of mailing address:: Issaquah
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98029

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Daniel
Middle Name:: R.
Family Name:: Baker
Name Suffix::
City of Residence:: Seattle
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 13203 39th Avenue N.E.
City of mailing address:: Seattle
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98125-4615

Correspondence Information

Correspondence Customer Number :: **00500**

Representative Information

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-In-Part of	10/039,240	01/04/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	

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